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TITLE: Case Finding: The Link Between Prevention and Care

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ISSUE: Locating individuals who are at high risk for HIV infection, or who are already infected with HIV or have an AIDS diagnosis and not receiving adequate care and treatment.

SETTING: Case finding is conducted in places where individuals with HIV/AIDS or at high risk for HIV infection might frequent, such as clinics, bars, substance abuse treatment centers, jails, prisons, on the street, etc.

PROJECT: The Case finding team is a diverse Outreach/Intervention staff made up of male, female, Hispanic, Asian, African American, sero-negative and sero-positive individuals. The objectives of this program are; 1) to provide primary intervention through risk reduction education and information to the community at large; 2) to strengthen the networking capabilities with local health care agencies who provide HIV antibody testing, STD screenings and pregnancy testing to the community; 3) to provide secondary intervention for HIV infected persons and their partners (i.e., re-infection/co-infections); 4) to provide direct access to peer and family support; 5) to provide direct referrals to individuals with immediate needs such as emergency housing, nutrition, etc.; 6) to provide direct access to case management for individuals with HIV/AIDS who are not in the case management system; 7) to collect data regarding individuals with HIV/AIDS who elect not to enroll in case management; 8) to provide Orasure testing to this target population.

RESULTS: From January 1998 to February 1999, there were 3,486 individual contacts through Risk Reduction activities in 25 different venues. 344 individuals with HIV/AIDS were identified who were not enrolled in case management through outreach/case finding activities. 94 of the 344 individuals were enrolled in case management.

LESSONS LEARNED: Because of certain social conditions such as poverty, racism, substance abuse, mental health issues, etc., individuals in this target population require more hand holding and different strategies in order to retain them in the system. In addition, individuals in this target population, who are HIV negative or who don't know their HIV status, are more likely to be tested (via Orasure) by an outreach worker than they would be tested at a formal test site (i.e., health department, AIDS Service Organization, etc.). Finally, the blending of Prevention and CARE dollars allowed us to create a program that was effective and beneficial to both care and prevention activities and services.

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